04/29/2009 11:23

FEC FORM 1

Image# 29933620725

STATEMENT OF ORGANIZATION

FORM 1	ORGANIZATION		
1 011111 1	(See instructions)		Office use only
NAME OF COMMITTEE (in f	(Check if name Example is changed) over the	e: If typying, type lines 12FE4M5	
American Staf	ing Association StaffingPAC		
ADDRESS (number and s	277 S. Washington St., Suite 20)0 	
(Check if address is changed)			
	Alexandria		
	CITY▲	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MAII	ADDRESS (Please provide only one e-mail address)		
(Check if address is changed)	elenz@americanstaffing.net		
COMMITTEE'S WEB F	PAGE ADDRESS (URL)		
(Check if address is changed)			
2. DATE M M M 1.0			
3. FEC IDENTIFICATION	C C00145	5623	
4. IS THIS STATEM	ENT X NEW (N) OR	AMENDED (A)	
L certify that I have examin	ned this Statement and to the best of my knowledge and be	elief it is true, correct and complete	
Type or Print Name of	reasurer Edward A. Lenz		
Signature of Treasurer	Electronically Filed by Edward A. Lenz	Date 0 4	M / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fals	se, erroneous, or incomplete information may subject the pe		•
Office		r further information contact:	
Use Only		deral Election Commission I Free 800-424-9530	FEC FORM 1 (Revised 02/2009)